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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/803,812
	Filing Date	03/18/2004
	First Named Inventor	THOMAS D. SMITH, III
	Title	
	Art Unit	
	Examiner Name	BRET HAYES
	Attorney Docket Number	4056-003

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Thomas D. Smith, III</i>	Date	5/19/2009
Name	THOMAS D. SMITH, III	Telephone	(405)720-7920
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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